Name In Full Charles Alban

Certificate of Death

Died at Town Hampstead County Carroll MARYLAND

Date 1899 Month 3 Day 16 Age Y. 21 M. 2 D. 22 Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name 152a

Cause of Death Primary Struck by a log

Immediate in the temple

How long sick

Accident, ~~Suicide, Homicide~~

Reported by American Sentinel

Address 3-18

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full — Certificate of Death

Samuel Ingell

Town — County

Died at Taneytown — Carroll — MARYLAND

Month	Day	Age	M.	D.	Native of	Occupation
3	23	83 Y				

Date 189 9

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 3

Husband of Mary Ingell

~~Wife~~

Father's Name — Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Carroll Reed

Address 3-25-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70885

Name in Full

Certificate of Death

Julius B. Barrett

Town Freedom County Carroll

Died at MARYLAND

	Month	Day		Y.	M.	D.	Native of	Occupation
Date 1899	March	4	Age	77	11.	16		Farmer

— Male — White — Married Widow Divorced

Female Colored Single Widower Number of children living 3-

Husband of Wife Ruth A. Barrett

Father's Name John Mother's Name Annie

Cause of Death: Primary Old age ~~[illegible]~~ How long sick 1. year + upwards

Immediate Cystitis 102 Accident, Suicide, Homicide

Reported by H. C. Shipley

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Louisville Town Joshua Beasman Carroll County

Died at

MARYLAND

March — Month Day 18

Date 1899

Age Y. 76 M. 8 D. 14

Native of

Occupation Farmer

— Male — White Married — Widow Divorced

Female Colored Single Widower Number of children living 3

Husband of Wife Mrs Narcissa Beasman

Father's Name Not known to me

Mother's Name Polly

Cause of Death

Primary Old age with Cerosis Liver

Immediate Heart failure 90

How long sick 9½

Accident, Suicide, Homicide

Reported by Dr H. C. Shipley

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Certificate of Death

Theresa A. Belt

Died at Town: Warfieldsburg County: Carroll MARYLAND

Date 1899 Month: March Day: 31 | Age Y. 72 M. 9 D. 26 | Native of: Virginia | Occupation: Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of ~~Wife~~ Widow George Belt

Father's Name: Sont Know Mother's Name: Sont Know

Cause of Death: Primary: Cholera Morbus 12a How long sick: 8 hours

Immediate: Paralysis of Brain ~~Accident, Suicide, Homicide~~

Reported by: Lewis A. Aldridge M.D.

Address: Long Carroll, Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full Ella Virginia Bowers

Certificate of Death

Died at Town Harney County ~~Carroll~~ MARYLAND

Date 1897 Month 3 Day 17

Age Y. 27 M. 4 D. 10

Native of

Occupation

Male — Female

White ~~Colored~~

~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~

~~Number of children living~~

Husband of Wife

Father's Name Jacob Bowers

Mother's Name 22a

Cause of Death — Primary: Consumption

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Dr. E. Emmitsburg Chemical

Address 3/24

Must be signed by physicien, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Rev. J. O. Clikbinger

Union Bridge Ch.

Name in Full

Certificate of Death

Catharine Breitmeisen

Town

Died at Westminster

County

Carroll

MARYLAND

Date 1899 Month March Day 20th

Age Y. 67 M. ~ D. ~

Native of Germany

Occupation →

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 6

~~Husband~~ Wife of Nicholas Breitmeisen

Father's Name

Mother's Name

Cause of Death { Primary Paralasis 44

Immediate

How long sick 8 days

Accident, Suicide, Homicide

Reported by Frank E. Shaver Undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Attended by Rev J H Billingsley

Name In Full

Certificate of Death

Joseph B. Davis Carroll Co. Md.

Died at Town: Second Hospital for the Insane County: Sykesville MARYLAND

Date 1899 Month Dey: March 17th | Age Y. M. D.: 76 | Native of: Md | Occupation: Farmer

Mele ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 0

Husband ~~Wife~~ of Mrs Joseph B. Davis

Father's Name Edward Davis | Mother's Name Caroline C. Davis

Cause of Death — Primary: Chronic Nephritis | How long sick: about 1 week

Cause of Death — Immediate: Erysipelas | ~~Accident, Suicide, Homicide~~

Reported by John Norfolk Morris M.D.

Address Second Hospital Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79999

Name in Full

Certificate of Death

Bessie Cora Fridinger

Died at Town: Westminster County: Carroll MARYLAND

Date 1899 Month: Mar. Day: 8 Age Y. 1 M. 7 D. 17 Native of Melrose Occupation ———

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

~~Husband~~ Wife of ———

Father's Name Jonas W. Fridinger Mother's Name Mary Ann Rebecca

Cause of Death: Primary Measles 5 How long sick 5

Immediate Broncho Pneumonia ~~Accident, Suicide, Homicide~~

Reported by Chas R Fritz M. D.

Address Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, R696R

Name in Full | Certificate of Death

Annie Fringer

Died at Town: Taneytown County: Carroll MARYLAND

Date 1899 Month: Mar Dey: 5 | Age Y. 6 M. D. | Native of: Md | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

Husband of Wife

Father's Name: Northampton Fringe | Mother's Name: Sarah Fringer

Cause of Death: Primary: Grip 9 | How long sick: 4 days

Immediate: Congestion of brain | Accident, Suicide, Homicide

Reported by: C Birnie

Address: Taneytown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full | Certificate of Death

Annie Green

Died ~~at~~ near Town Sykesville County Carroll MARYLAND

Date 1899 Month March Day 22nd | Aga Y. 40 M. - D. - | Native of Md - | Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Thomas Green

Father's Name — Mother's Name —

Cause of Death: Primary Tuberculosis 22a | How long sick about 6 mos.

Immediate General Exhaustion | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. Frank Lucas M.D

Address [redacted] Sykesville, Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Edward Groomes

Eldersburg Town Carroll County

Died at MARYLAND

March Month Day 11 | Y. M. D. | Native of | Occupation

Date 1899 | Age 1 7 4 | | Infant

— Male | White | Married | Widow | Divorced

Female — | Colored | Single | Widower | Number of children living

Husband of Wife

Father's Name Nicholas Groomes | Mother's Name

Hesitimate

Cause of Death: Primary Pneumonia 72 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Dr H. C. Shipley

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73998

Name in Full — Certificate of Death

Dennis A Hammond

Died at — Town: Over PO — County: Carroll — MARYLAND

Date 189 9 — Month Day: Mar 26 — Y. M. D. Age: 93 — Native of: Md — Occupation: farming

Male — ~~White~~ — Married — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — ~~Single~~ — ~~Widower~~ — Number of children living: Eight

Husband / Wife of: Lydia J Hammond

Father's Name: Moses Hammond — Mother's Name: Elizabeth Smith

Cause of Death — Primary: Strangulated Hernia — How long sick:

Immediate: Exhaustion 86 — Accident, Suicide, Homicide:

Reported by: A I Crouse

Address: Winfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full Isiac Hesson

Certificate of Death

Died at Town Silver Run County Carroll MARYLAND

Date 1899 Month March Day 29 Age Y. 86 M. 8 D. 5 Native of Md Carroll Co Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband ~~Wife~~ of Catherine Lippy

Father's Name Peter Hesson Mother's Name Magdalina Hesson

Cause of Death Primary Lagrippe 9 How long sick Six Days

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by Dr J J Stewart

Address Union Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full: Thomas Hobbs.

Certificate of Death

Died at: Town Gaithers County Carroll Md MARYLAND

Date 1899 Month Mch Day 18 | Age Y. 85 M. 3 D. 5 | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living Five

Husband of ~~Wife~~ Mary Ann Day 70

Father's Name Caleb Hobbs | Mother's Name

Cause of Death: Primary Chronic Bronchitis | How long sick About 5 yrs.

Immediate Effects of above & old age | ~~Accident, Suicide, Homicide~~

Reported by C. M. Heffinger. M.D.

Address Sykesville. Howard Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79[illegible]

Name In Full

Catherine Knipple

Certificate of Death

Died at Town Silver Run County Carroll MARYLAND

Date 1899 Month Mch. Day 13 | Age ~~Y.~~ ~~M.~~ D. 20 | Native of Md. | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

137

Father's Name Chas. H. Knipple

Mother's Name Morgana E. Knipple

Cause of Death

Primary Cyanosis - Nondosure of foramen Ovale

Immediate Spasms —

How long sick Whole time

~~Accident, Suicide, Homicide~~

Reported by C. A. Stutt M. D.

Address Silver Run Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Millard Davis Lippy

Certificate of Death

Died at — Town: Union Mills — County: Carroll — MARYLAND

Date 1899 — Month: March — Day: 5 — Age: Y. 2 M. 10 D. 20 — Native of: Maryland — ~~Occupation~~

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

~~Husband~~ / ~~Wife~~ — ~~of~~

Father's Name: William D Lippy

Mother's Name: Sarah C Lippy

Cause of Death — Primary: Grippe — How long sick: 9 — Four weeks

Immediate: Pneumonia — Accident, Suicide, Homicide

Reported by: Dr J J Stewart

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full

Mary I Markley

Certificate of Death

Died at Town Manchester County Carroll MARYLAND

Date 1899 Month March Day 22 Age Y. M. D. 14 Native of Md Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Harry E Markley Mother's Name Alice M Redding

Cause of Death Primary Pneumonia 72 How long sick 5 days

Immediate Accident, Suicide, Homicide

Reported by J H Sherman MD

Address Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65169

Name in Full: Mary Susan Mort

Certificate of Death: Dr. Diller

Died at (Town): Bruceville (County): Carroll MARYLAND

Date 189 7 Month: Mar. Day: 6 | Age Y. 60. M. D. | Native of: Md. | Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband / Wife of: David Mort

Father's Name: John Fulton

Mother's Name:]4 Staub

Cause of Death: Primary: Pulmonary Apoplexy — How long sick: 60 hours

Immediate: Heart failure — ~~Accident, Suicide, Homicide~~

Reported by: Chs. H. Diller M.D.

Address: D.P. Creek Carroll Co

mother & age not definite — D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

David Pugh

Certificate of Death

Town: Freedom | County: Carroll | MARYLAND

Died at Freedom, Carroll, MARYLAND

Date 1899 Month: March Day: 2 | Age Y. 75 M. D. | Native of Carroll Co | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Divorced~~

Number of children living Three

Husband / Wife of Catharine Pugh

Father's Name Frederick Pugh | Mother's Name Catharine Pugh

Cause of Death — Primary: Debility 141 — How long sick: Two days

Immediate: Heart failure

Accident, Suicide, Homicide

Reported by L. A. Aldridge Physician

Address Long, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Manass A. Reed

Certificate of Death

Died at Town Manchester County Carroll MARYLAND

Date 189 9 Month 3. Day 2 Age Y. 69, M. 1, D. 9 Native of Md, Occupation Potter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Divorced~~ Widower Number of children living 2,

Husband ~~Wife~~ of Mary Yingling

Father's Name John Reed Mother's Name Catherine Albaugh

Cause of Death Primary Causes of Stomach How long sick 4, Month

Immediate D.D. D.D. 256 ~~Accident, Suicide, Homicide~~

Reported by John F. B. Weaver M.D.

Address Manchester Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Nicholas Rogers

Town

County

Died at Sykesville Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 March	18	Age 82	-	-	England	Merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living Eleven

Husband of ~~Wife~~

Father's Name —

Mother's Name — 86

Cause of Death — Primary: Intestinal Obstruction — How long sick: Four Days

Immediate: Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by Dr. Frank Lucas MD

Address Sykesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MHS

LIBRARY BUREAU, 79898

Name in Full Mrs. Ephraim Rowe Elizabeth Heck

Certificate of Death

Died at Town near Bark Hill County Carroll MARYLAND

Date 1899 Month 3 Day 20 Age Y. M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ Wife of Ephraim Rowe

Father's Name Mother's Name 57

Cause of Death Primary Heart trouble How long sick

Immediate Accident, Suicide, Homicide

Reported by American Sentinel

Address 3-20

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Elder S. B. Craft,
Church of our God,
Uniontown, Md

Name in Full Mrs. Savilla Royer

Certificate of Death

Died at Town Westminster County Carroll MARYLAND

Date 189 9 Month 3 Day 6 Age Y. 60 M. 14 D. Native of Occupation

~~Male~~ / Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 10

~~Husband~~ / Wife of Christian Royer

Father's Name Young Mother's Name

Cause of Death: Primary / Immediate 161 How long sick / Accident, Suicide, Homicide

Reported by American Sentinel

Address Westminster 3-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Elders Uriah Bifler

&

Chas. D. Bonsack

Meadow Branch German Baptist Ch.

Name In Full — Mrs. Harriet Shafer — Certificate of Death

Died at — Town: Carrollton — County: Carroll — MARYLAND

Date 189 9 — Month: 3 — Day: 3 — Age: Y. 74 M. D. — Native of — Occupation

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~ — Number of children living 2

~~Husband~~ / Wife of Adam Shafer

Father's Name — Mother's Name 161

Cause of Death — Primary: Complication of — How long sick

Immediate: diseases

Accident, Suicide, Homicide

Reported by American Sentinel

Address Westminster 3-11

Must be signed by physician, if eny in attendance, otherwise coroner, underteker or minister.

LIBRARY BUREAU, 79998

Rev. P. F. Murray
Church of Holy Carrollton,
5:30

Name in Full

Katurah L. Shreve

Certificate of Death

Died at Town: Sandy Ville County: Carroll MARYLAND

Date 1899 Month: March Day: 30 | Age Y. 47 M. 1 D. 3 | Native of: Maryland | Occupation: ——

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 1

~~Husband~~ Wife of Jabez A Shreve

Father's Name: George Shipley | Mother's Name: Martha Shipley

Cause of Death: Primary: Pneumonia 72 | How long sick: 10 days

Immediate | Accident, Suicide, Homicide

Reported by Frank C Shearer Undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05988

Attended by Rev J H Billingsley

Name in Full — Certificate of Death

James Lewis Smith.

Died at Town: Union Bridge — County: Carroll — MARYLAND

Date 189 9 — Month: March — Day: 17 — Age: Y. 4 M. 23 D.

Native of: Union Bridge — Occupation:

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Widow~~ ~~Divorced~~ — Single ~~Widower~~ — ~~Number of children living~~

Husband of / Wife

Father's Name: L. C. Smith

Mother's Name: Emma J. Graham

Cause of Death — Primary: Pneumonia 72 — How long sick: 7 days.

Immediate

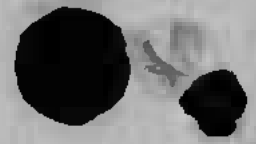
Accident, Suicide, Homicide

Reported by: G. R. Markel

Address: Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Certificate of Death

John H. Stern

Died at Town: Union Bridge County: Carroll MARYLAND

Date 189 9 Month: March Day: 27 Age Y. 64 M. 2 D. 9 Native of Carroll Co. Occupation Laborer.

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ Widower ~~Divorced~~ Number of children living 6

Husband / Wife of

Father's Name David Stern Mother's Name Julia Bekp.

Cause of Death: Primary 5-7 How long sick 2 weeks.

Immediate Anaemia & Heart disease Accident, Suicide, Homicide

Reported by G. R. Markel

Address Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Cathern. Ann. Tener

Died at Town Winfield County Carroll MARYLAND

Date 1899 Month Mar Day 23 Age Y. 84, M. 5, D. 25 Native of Md Occupation retired

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife George. Tener

Father's Name George. Tener Mother's Name Mary Tener

Cause of Death Primary La Grippe 9 How long sick two weeks

Immediate Exhaustion from Old age ~~Accident~~, Suicide, Homicide

Reported by A. T. Crook M.D.

Address Winfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Mrs. Elizabeth Weaver

Certificate of Death

Died at near Patapsco Town County Carroll MARYLAND

Date 189 9 Month 3 Day 1st Age Y. 56 M. 5 D.

Native of

Occupetion

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

~~Husband~~ Wife of Alfred Weaver

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by American Sentinel

Address 3-41th

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7[illegible]

Revs. L. F. Murry & J. W. Evans

Name in Full | Certificate of Death

V. Riley Wetsel

Died at — Town: Taylorville — County: Carroll — MARYLAND

Date 1897 — Month: Mar. — Day: 24 — Age: Y. 5 M. D. — Native of — Occupation

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Henry W. Wetsel — Mother's Name: Sarah E. Green

Cause of Death — Primary: 1466 — How long sick: 24 hours

Immediate: Scalded — Accident, ~~Suicide, Homicide~~

Reported by: A. T. Crook M.D.

Address: Winfield Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name In Full John O. Wilson

Certificate of Death

Died at Town Union Bridge County Carroll MARYLAND

Date 189 9 Month 3 Day 24 Y. 46 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name Joseph Wilson

Mother's Name 81

Cause of Death: Primary Stomach trouble — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Carroll Reed

Address 3-25-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70888

Name in Full — Certificate of Death

Katherine Louise Wohlgemuth

Died at Town: Westminster — County: Carroll — MARYLAND

Date 189 9 — Month: Mch — Day: 14 — Age: Y. 4 M. 11 D. 14 — Native of: Md — Occupation: —

~~Male~~ Female — White — ~~Colored~~ — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Jacob Wohlgemuth — Mother's Name: Annie Bernstein

Cause of Death — Primary: Measels 5 — How long sick: 10 days

Immediate — Accident, Suicide, Homicide

Reported by Frank L Shaum undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78705

Attended by Rev J H Billingsley